

WHAT IF...

**YOU, ALL THOSE YOU CARE FOR AND EVERYONE IN CALIFORNIA HAD
UNIVERSAL, GUARANTEED, COMPREHENSIVE AND QUALITY HEALTH CARE?**



WHAT SINGLE PAYER WILL DO

- ✓ Cover all health care needs
- ✓ Save lives
- ✓ Defeat the waste, fraud and greed of private insurance
- ✓ End public fear and insecurity
- ✓ Stop bureaucratic interference with treatments
- ✓ Establish personal top-tier care for all
- ✓ Create a single medical data system to establish public accountability
- ✓ Demand an end to racial and socioeconomic medical discrimination
- ✓ Eliminate medical bankruptcies
- ✓ Give patients freedom to choose their doctors — no networks!
- ✓ End all out-of-pocket costs
- ✓ Create entrepreneurial jobs
- ✓ Provide relief to businesses and farmers
- ✓ Organize local democratic planning for comprehensive health care

SAVE CALIFORNIA \$37 BILLION

**JOIN DOCTORS IN THE FIGHT FOR SINGLE-PAYER
HEALTH CARE FOR EVERY RESIDENT!**



WWW.PNHP.ORG

READER: HAND OR MAIL THIS TO YOUR PERSONAL PHYSICIAN!

The United States is falling behind

Often considered a “world leader,” the U.S. is not leading the way in health care. Despite the fact that health care spending per capita in the United States is nearly twice that of other industrialized nations, recipients report less satisfaction and lower quality outcomes including common indicators of overall health, preventable death rates and infant mortality.

The U.S. ranks **37th out of 191¹** countries in overall health care performance.

45 million Americans² forgo medications due to cost (**nine times the rate** of the United Kingdom).

Life Expectancy at Birth (years)³

- Japan: 83.9
- Switzerland: 83.0
- United Kingdom: 81.0
- Germany: 80.7
- **United States: 78.8**

Infant Mortality Rates (per 1,000 live births)⁴

- **United States: 5.8**
- United Kingdom: 4.3
- Switzerland: 3.6
- Germany: 3.4
- Japan: 2.0

Health Care Spending (per capita)⁵

- **United States: \$10,348**
- Switzerland: \$7,919
- Germany: \$5,550
- Canada: \$4,752
- Japan: \$4,519
- United Kingdom: \$4,192

Patients Go Without by Choice, Citing Cost as the Reason for:⁶

- **44%** – Not going to the doctor when sick/injured
- **40%** – Skipping tests or treatments
- **40%** – Fearing their bill more than the illness itself
- **30%** – Having to choose between medical bills or basic necessities

¹World Health Organization, ²The Commonwealth Fund, ³OECD Health Statistics 2018, ⁴The World Factbook 2017, ⁵Kaiser Family Foundation, ⁶NORC at the University of Chicago

EVERYBODY IN, NOBODY OUT

BRINGING AFFORDABLE AND COMPREHENSIVE HEALTH CARE TO ALL CALIFORNIANS

BY WILLIAM BRONSTON, M.D.

Co-convenor, Capital Chapter and California PNHP Steering Committee

// Life, Liberty and the pursuit of Happiness.” For every American citizen, these rights are enshrined in our nation’s Declaration of Independence. But today, the lives of millions of Californians are at odds with the greed and profits of corporate insurance companies. Single-payer universal health care has the power to change that. It can revolutionize California’s system by eliminating the private middlemen — who add nothing to health care but cost — and restore doctors’ and health care professionals’ ability to provide for patient quality of life.

Single payer is the term used for a medical system which is publicly financed but privately delivered. It will be funded both in savings from the current system and existing tax revenue.

It is only through universal, guaranteed, comprehensive, single-payer health care that we can reassert and rebuild our dedication to medical practice and health justice.

As California goes, so goes the nation. With the passage of new legislation such as Senate Bill 562, this single-payer universal health care bill will serve as a model for the rest of the nation to follow.



THE U.S. SPENDS THE MOST ON HEALTH CARE

Total percentage spent of GDP per country

United States	17.9
Switzerland	12.4
Germany	11.3
Sweden	11.0
France	11.0
Japan	10.9
Canada	10.6
Netherlands	10.5
Norway	10.5
Belgium	10.4

Average across all OECD countries as of 2016, 9% OECD Health Statistics 2018
Source: OECD Stats and Kaiser Family Foundation

The problem:

Doctors know that uncontrolled, unnecessary and unaccountable profits from insurance companies, hospital conglomerates and pharmaceutical companies under the current health care system that drive unaffordable care, massive inflation, advertising, lobbying and exorbitant executive salaries. Legislators are in financial conflict. Corporate media propaganda protects the fat cats while sowing confusion, distractions and misinformation in order to scare the public. For-profit medical administration makes our system rife with waste, fraud and greed at the cost of genuine patient care.

- High out-of-pocket expenses cause **12 million underinsured** Californians (or 36% of the state) to forgo needed medical care.
- **2.7 million uninsured** (or 7.5% of) Californians cost care providers, federal, state and municipal governments billions of dollars annually.
- Patients with coverage are forced to navigate a **maze of bureaucracy**, often at a time when they’re least capable of doing so.
- Medical costs and debt are the leading cause of personal bankruptcies and cause business bankruptcy as well.

The solution:

Put health care decisions back into the hands of doctors, California-licensed professionals and patients — not corporations. Single-payer universal health care, the Healthy California Act (SB 562), will institute an independent Health Trust Fund with a publicly accountable governing board responsible for the oversight, structuring and financing of a not-for-profit system. Patients can seek and receive secure, individualized, comprehensive and noncategorical covered care for all services listed in the legislation. This starts with coverage for medical, dental, mental health, social health and rehabilitative care. (See what coverage *everyone* receives on page 3.)

- Statewide, estimated health care cost savings will be **\$37 billion** through a lawfully established and completely independent California Health Trust Fund, formed solely for health care.
- **Timely and transparent payment will be made to clinicians without the bureaucratic interference inherent in the current health insurance system.**
- Everyone will benefit from **lower prices and more accessible care** through the “everybody in” single pool which will negotiate standard prices and shift the paradigm to a health care system focused on prevention and early intervention.
- **There will be no out-of-pocket charges, premiums, copays or deductibles.**
- **Changes in employment, age, income or health conditions will not affect access to care, and businesses will no longer shoulder the cost of employees’ health care coverage.**

Insurance companies’ management and administration systems don’t contribute to any aspect of the patient health care in our existing, callous multi-payer system and only function as profit-absorbed middlemen. Their only role is to make money by blocking coverage and minimizing costs. Single-payer universal health care will shift California from a system of medical care “ransom” where we are all “hostages,” to the benefits of true health care delivery. The Healthy California Act would end the rampant abuses and care rationing in our current for-profit system, expand our democracy, end the nightmare of medical fear and insecurity, and proudly unify all Californians.

COVERAGE GUARANTEED

GIVING PATIENTS HIGH-QUALITY CARE WITH NO INTERFERENCE AND NO COSTS ATTACHED

BY ELAINE SILVER, M.D.

Volunteer free clinic physician, former Kaiser physician

Our current health care system is immoral. Too many people either have no health care coverage or coverage that is very limited with high premiums, deductibles and copays. There are countless stories about people at their most vulnerable, dealing with a new cancer diagnosis or recovering from major surgery, who have to worry about enormous care costs. Often, they get calls from the hospital as soon as they get home with demands for payment, later threats of referral to a collection agency and the very real possibility of losing their home.

I'm a retired physician. I worked at Kaiser for 30 years, where patients often didn't need to worry about payment because their coverage used to be comprehensive. Since retiring 10 years ago, I've been volunteering at two free clinics run by medical students in Sacramento, Imani and Bayanihan. This is where I see what happens to people with no insurance. Many of our patients are undocumented and have no access to coverage. What we provide is care on Saturday, with no guarantee of follow-up or continuity — despite our best efforts.

I took care of a 35-year-old mother of two who had been diagnosed and treated for thyroid cancer 13 years ago, at a time when undocumented patients were eligible for Medi-Cal. That is no longer the case. She needed a biopsy for a new lump in her neck, but couldn't see her physician without insurance. I was told that to receive emergency Medi-Cal coverage she would need a letter explaining the gravity of her situation and to apply for a green card. Of course, she was worried that she would be immediately deported, and I couldn't guarantee she wouldn't be. By the time she finally jumped through all the hoops, her disease had already spread.

Her story is not the exception. I saw a young man who was diagnosed and treated for severe ulcerative colitis when he had Medi-Cal. With no coverage, his disease had flared up leaving him extremely weak from constant bloody diarrhea and drastic weight loss, and unable to work. His medicine cost \$3,000. I was able to get it for him one time, but he had no options for future treatment or care.

Even if residents qualify for Medi-Cal there is no guarantee they will be able to get the care they need. Suffering is prolonged after patients are turned away from groups who have already met their Medi-Cal patient quota — as happens at Sutter, Mercy, UC Davis and Kaiser. By the time patients reach a clinic, they are subject to long referral delays, denials, early hospital release and uncontrolled pain.

Health care in the U.S. is a two-class system. The less fortunate face the cruel reality that even if one has insurance it isn't the same as having access to care.

Everyone is entitled to excellent health care. Why are we allowing people to suffer and die prematurely from treatable diseases?

George Halvorson, former CEO of Kaiser, also says single payer is the answer.



Elaine Silver has seen every kind of patient in the U.S., from the uninsured to the underinsured. She's also seen a health care system that works — single payer.

PHOTO BY MELISSA UROFF

The Healthy California Act covers everyone with guaranteed:

- Inpatient and outpatient medical care
- Dental
- Vision and hearing
- Mental health
- Reproductive, prenatal and postnatal care
- Immunizations
- Laboratory and diagnostic services
- Surgical and recuperative care
- Emergency care and transportation
- Translation and interpretation
- Chiropractic
- Acupuncture
- Case management and coordination
- Blood products and dialysis
- Podiatry
- Child and adult preventive care
- Adult day care and in-home support services
- Rehabilitative and habilitation services

Expanded patient benefits

What will it mean if each and every person in California has comprehensive medical coverage — at no extra cost to themselves or to employers? With single-payer universal health care it will look something like this:

- **No out-of-pocket costs EVER** — no premiums, deductibles, copays or fees of any kind
- **Patients choose** — selecting their doctor of choice with no limiting "networks"
- **Public peace of mind** — all California residents are fully covered for all treatment types without meddling from "middlemen" like private insurance, claims departments or denials
- **Individualized care** — special needs and elderly populations will be provided proper and long-term care at no cost to their families
- **Cost reductions** — system-covered pharmaceuticals, and better rates for health and hospital administration
- **Emphasis on wellness** — treatment aimed at prevention, early intervention, and primary and family care to reduce expensive care for specialty and chronic illnesses
- **Everybody in** — the same high-quality coverage for all, including a single "top care" tier for all that is currently guarded by the wealthiest people in society — includes better care than existing ACA, Medicare and Medi-Cal recipients receive



MEDICAL DEBT
is the number 1
cause of personal
bankruptcy in the U.S., making
up 57.1% of all personal filings

(NerdWallet Health)

A RIGHT, NOT A PRIVILEGE

AN INTERVIEW WITH
DAVID SIEGEL
M.D., M.P.H.

DOCTOR BLAMES ADMINISTRATIVE PROCESS AS COMMON BARRIER TO ALL HEALTH CARE

Dr. David Siegel knows how the health care business works. Over the past 40 years, he's been in private practice, trained doctors at both the University of California, San Francisco and University of California, Davis, is responsible for the treatment of tens of thousands of service men and women at the Department of Veterans Affairs — where he currently serves as the Chief of Medicine for the VA Northern California Health Care System — and is Vice Chair of the Department of Medicine at UC Davis. In his opinion, single-payer universal health care — like the Healthy California Act (SB 562) — will benefit patients and doctors alike.

“It attempts to provide a personalized and needed level of coverage for everyone,” he said. “The principle is very clear: *everybody* should be covered and *everybody* should have a universal and individualized level of health care.”

Dr. Siegel has seen how insurance requirements not only add to health care costs — **administrative overhead accounts for about 30% of medical spending nationwide** — but also impede a patient's access to care and a doctor's ability to do what's right for patients. Under the current health care system, which he describes as “chaotic and disorganized,” care providers and insurance companies spend an inordinate amount of time dealing with claim submissions, denials and appeals through various private insurance organizations, as well as Medi-Cal and Medicare.

“What I learned in private practice, which is unfortunate and sobering, is that the kind of care that one can provide varies depending on the kind of insurance somebody has,” he said. **“The total amount of resources — money — spent in this country, is nearly twice per**

capita of other developed countries, yet when you look at a variety of any outcome measures, such as infant mortality, it's poorer than most other developed countries.”

Such was the case with a former patient with multiple sclerosis. Dr. Siegel prescribed physical therapy which can help patients maintain strength, mobility and slow symptom progression. Her HMO denied the claim. It took repeated phone calls from Dr. Siegel himself, and arguments with the insurance company's utilization department, to ensure her medically necessary treatments were covered.

“If you can afford it, and if you have the right kind of insurance, the health care in the United States is at least as good if not better than anywhere else in the world,” he said, adding the caveat: “But it is not at all accessible for every person.”

Dr. Siegel said there should be data-based checks and balances when it comes to medical care, but **the determining factor should be patient needs and welfare — not insurance company profits**. A single-payer system would enable doctors to do just that with minimum administration required.

“I think it's safe to summarize, in my view and the view of everyone in Physicians for a National Health Program, that health care must be viewed as a right and not a privilege,” he said.

Dr. David Siegel has nearly 40 years of experience in the health care system, during which time he's seen just how insurance companies have influenced the industry, diminishing patient care and undermining doctors' autonomy.
PHOTO BY ANNE STOKES



Doctors spend
868.4
million hours
annually on prior authorization

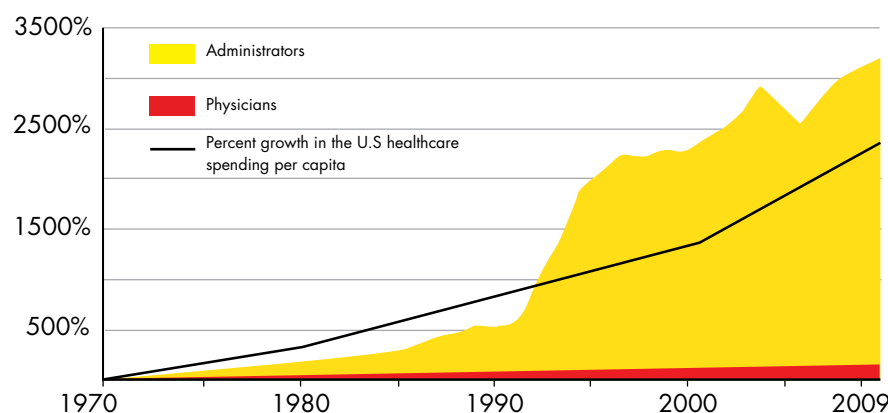
(Kaiser Family Foundation)



Cutting unnecessary costs

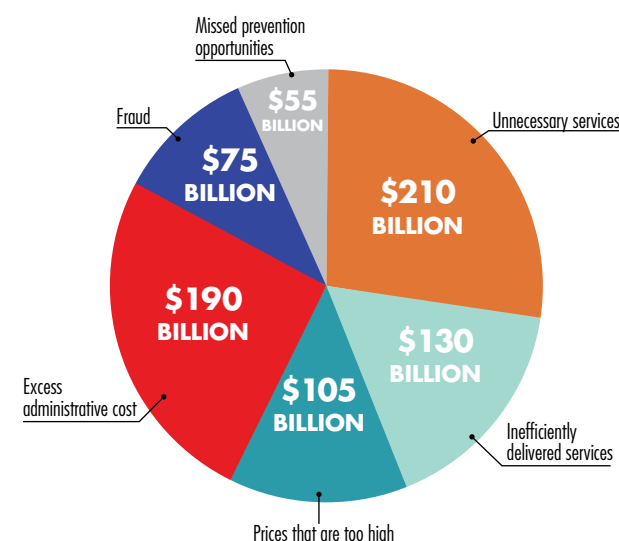
Private insurers waste around \$750 billion annually on non-patient costs and actions that don't improve health. Instead they spend money made from premiums on things like administrative overhead, sales and marketing, lobbying, billing, underwriting and executive salaries.

Physician vs Administrator growth from 1970-2009



Source: Bureau of Labor Statistics, NCHS and Himmelstein/Woolhandler analysis of CPS

Waste and projected savings from single payer



Source: Institute of Medicine

Dr. Paul Song has spent much of his 20-year career fighting for improved patient care, including supporting a single-payer universal health care system.
PHOTO BY EMILY TEAGUE

ENSURING DOCTORS DECIDE

A SIMPLER, KINDER HEALTH CARE SYSTEM WILL PUT DOCTORS BACK IN CHARGE OF PATIENT CARE

AN INTERVIEW WITH PAUL SONG, M.D.
President, PNHP California

Professional realities

A single-payer universal health care system will significantly decrease the amount of time, effort and money doctors are currently forced to spend on insurance-related administrative work — which includes preauthorizations, timely payment for services and claim denials.

Need for change

- On average, doctors currently spend **20 hours a week¹** dealing with insurance companies.
- Nurses and medical assistants spend nearly **ten times** the amount of time their Canadian counterparts do on administrative tasks related to health plans, more than half of which is obtaining preauthorizations².
- Each U.S. doctor spends nearly \$83,000 a year on administrative costs — around **\$60,770 more a year** than Canadian doctors under a single-payer system³.
- **54% of physicians** report showing signs of burnout — twice as likely as the average U.S. worker — attributed mainly to increased administrative workloads. Increased burnout symptoms correlate to lower quality care³.
- The suicide rate for male physicians is **40 to 70% higher** than that of the general public⁴.
- For female physicians, the suicide rate is **130 to 300% higher** than that of the general public⁴.

¹American Medical Association, ²The Commonwealth Fund, ³Mayo Clinic Proceedings, ⁴Intern Health Study, University of Michigan

In 1971, when he heard then-President Richard Nixon declare war on cancer, Paul Song knew he wanted to be a doctor. He was 6 years old.

“From that moment on, I developed a strong interest in becoming a doctor to take care of people,” he said. “I felt it was a noble profession and one in which I could make a difference in people’s lives.”

Today, Dr. Song has over 20 years experience as a radiation oncologist — time that has not only allowed him to fulfill his dream, but has also shown him how corrupt and inhumane the current health care system is. That is why Dr. Song serves as a national board member of Physicians for a National Health Program (PNHP) and is president of its California Chapter. The organization is throwing its full support behind a state-based, single-payer, universal health care system like the Healthy California Act (SB 562).

In addition to providing much improved coverage and health security to all Californians in a far more efficient and humane

manner, single payer will take medical decision-making out of the hands of administrative middlemen and back into the hands of doctors. In Dr. Song’s personal opinion, single payer is the only true solution.

“Far too many of my fellow doctors have felt trapped and become quite dissatisfied and disillusioned practicing in a worsening system that is truly broken and immoral,” he said. “A system which only focuses on maximizing profits by denying care and gouging patients for drugs and services that they desperately need, instead of one that makes health care a human right.”

When Dr. Song started his own practice in 1996, he said excessive denials and for-profit motives within the health insurance industry were far less blatant and commonplace

as they are today. Over the past 20 years, the consolidation of insurance companies, hospital chains and pharmaceutical companies has resulted in near monopolies that prioritize profits before patients. He has witnessed the effects of this firsthand on his own cancer patients who experience tremendous financial hardships simply because of their diagnosis and associated treatments. Sadly, most of these patients are insured.

“When you see so many patients who end up decimating their hard-earned savings, and in some instances having to sell their home for medical bills, you realize that there is something really wrong,” he said.

For cancer patients who are uninsured or receive Medicaid, Dr. Song stated that far too many have advanced-stage cancers simply because they couldn’t access care in a timely fashion.

“I was beginning to spend more time fighting insurance companies against unjustified denials and trying to get preauthorizations, and far less time actually taking care of patients the way I had been

trained to do,” Song said. “Many times I found myself fighting with someone who had never taken care of a patient — let alone one with cancer — who was standing in the way of my providing the correct standard of care.”

Even though a single-payer system will most likely change the way doctors are compensated for care, Dr. Song emphasized physicians will spend significantly less time and payroll on administrative costs than they do under the current system, and have far fewer malpractice costs — allowing them to spend more time and gain deeper satisfaction from actual patient care.



Administrative processes cost each U.S. physician nearly
\$83,000 a year
(nearly **four times** what Canada spends).
Administrative costs make up
25%
of total U.S. hospital spending,
more than \$200 billion a year.

(The Commonwealth Fund)

KNOW HOW SINGLE-PAYER OPPONENTS SPREAD DOUBT AND ENSURE DEADLY DELAY

BY WILLIAM BRONSTON, M.D.
Co-convenor, Capital Chapter and California PNHP Steering Committee

The medical industry is one of the largest sectors of concentrated capital in the U.S. economy, making up 17.9% of the gross domestic product (GDP) and rising annually. But who benefits? Industry companies, not patients or doctors. **The economic and political interests of the wealthy have historically blocked any effort to establish health care as a right and public good.** Instead, health care assets are consolidated and controlled by corporatization. The medical professional community has become subject to numbing, compromised, complicit and profit-corrupted practices. Fraud is built into billing practices across the entire industry. Medical outcomes are linked to a patient’s ability to pay and result in extreme levels of suffering and death near that of developing or low-income countries. Under the for-profit system, we are all “hostages” — professionals and patients alike — who pay a staggering and inflationary “ransom” for private and public insurance, with no sense of security and fear as the universal norm.

The Koch brothers’ network, the richest 0.10%, are utterly self-focused, pitiless and unaccountable in their anti-social values and anti-democratic politics. We must look squarely at those who act in their own self-interest and whose greed, waste and fraud fund many key California legislators and the spread of misinformation.

The opposition is calculating, and they disingenuously express “concern” about single payer with the intention of undermining and derailing genuine discussion. These opposers produce a flood of cynical legislation and sow dishonest doubts in order to protect private insurance and paralyze us from acting in our collective interest.

INCREMENTALIST OPPONENTS

Opponents say: “Implementing single payer all at once is unrealistic and disruptive. We need incremental reform.”

The reality: Incrementalism adds costs, adds administration, keeps private insurance in control, and fails to achieve sought-after savings and reforms.

Opponents say they agree with single payer “in theory” but unavoidable obstacles exist when switching from private coverage to a “government-run” system. They say that these

obstacles prevented previous administrations from changing health care, so why bother? It’s too difficult.

History has shown that positive change can be established when advocates establish a strong moral goal and fight for it, adapting to reality along the way.

Each year, nearly 45,000 people in the U.S. — and according to PNHP estimates, 3,600 people in California — die from lack of health care coverage. Tens of thousands more experience great suffering because they either have no access to care or cannot circumvent impossible copays and deductibles.

Success will come by setting real policy law for health care justice that will motivate the majority.

COST OPPONENTS

Opponents say: “Who will pay for single payer? Uncontrolled industry costs and new taxes will break the bank.”

The reality: The majority of single payer will be fully funded with major savings from new health delivery, corruption reforms and already existing public funding.

Single payer would use \$331 billion of existing money, 71% of which is already covered by state and federal taxes. Scare tactics are the way opponents can try to block new and progressive policies. It is a gross and repeated *lie* that a single-payer health care system will need a new \$400 billion to fund it.

Similar “large expenditures” are never opposed when they benefit the top 1% in wealth transfers. Examples include the Tax Cuts and Jobs Act with its \$1.4 trillion increase for the U.S. deficit, the Affordable Care Act that approved almost \$800 billion of tax money over 10 years to help subsidize private insurance, or when the government launches new wars or bails out banks. In these cases, fears of “how will we pay for it” simply vanish.

The corporate media’s consistent bias predicting huge new taxes, and dismissing the public will for thorough health reform, is used to paralyze and terrify the public in order to undermine and block single payer.

POLITICAL OPPONENTS

Opponents say: “What about Trump and the medical industry opposition you are sure to meet?”

The reality: Public uprising can overcome naysayers!

Opponents state that the opposition of billionaires to “government-run” health care will make single payer impossible in this day and age but, historically, *that’s not true.*

Throughout history, some of the greatest political and social changes have come from what people believed to be impossible. Sometimes from the political right, as we saw with the rise of the Tea Party under a Democratic president, or the election of Trump himself.

Now is the time for doctors and health workers to lead single-payer supporters to enrich the conversation, instead of letting others rampantly spread misinformation through lies and bribery as they’ve been doing for decades.

California leaders will fight and sue for our full and lawful federal reimbursement with single payer. It is our money to use for our people!

DON'T FALL FOR FALSE ARGUMENTS:

- “We support universal access or single payer, **BUT...**”
- “It will cause massive new taxes and inflation.”
- “We’ve got ours, why pay for others?”
- “Single payer is total government takeover of medicine.”
- “It will be impossible to change the existing model.”
- “It will end ‘integrated’ medical systems like Kaiser.”
- “A unified transparent government data system won’t happen.”
- “Free choice of doctors will cause high demand, fraud and overuse of fees.”
- “Waiting lists will hurt people everywhere.”
- “Single payer will decrease doctor incomes.”
- “We will have a shortage of doctors or lose them.”
- “Everyone will move to California for care!”
- “Single payer means huge loss of jobs and business.”
- “SB 562 is dead.”
- “You’ll lose your Medicare, Medi-Cal or personal pension security.”
- “California is not ready yet. We need to delay.”

An end to greed

Profit. It’s the motive behind all of the decisions made by private insurance, hospitals and pharmaceutical companies. Claim denials, inflated prescription drug prices and plans that lack comprehensive coverage increase company profit margins and line the pockets of CEOs (listed at right) — all while millions of Americans find themselves underinsured or without coverage at all.

• John C. Martin: \$48.4 million/year Executive chairman, Gilead Sciences	• Stephen J. Hemsley: \$31.3 million/year CEO, UnitedHealth Group	• Kenneth C. Frazier: \$15 million/year Chairman, president and CEO, Merck
• David M. Cordani: \$43.9 million/year President and CEO, Cigna Corp.	• Joseph R. Swedish: \$26.4 million/year Executive chair, former president and CEO, Anthem	• Lloyd H. Dean: \$5.1 million/year President and CEO, Dignity Health
• Mark T. Bertolini: \$58.7 million/year Chairman and CEO, Aetna	• Michael F. Neidorff: \$24.9 million/year Chairman and CEO, Centene Corp.	• Bernard J. Tyson: \$4.3 million/year Chairman and CEO, Kaiser Permanente
• Richard A. Gonzalez: \$38.1 million/year Chairman and CEO, AbbVie	• Ian Read: \$22.7 million/year Chairman and CEO, Pfizer	
• Bruce D. Broussard: \$34.2 million/year President and CEO, Humana	• Robert A. Bradway: \$19.1 million/year Chairman, president and CEO, Amgen	

Total compensation comprised of salary, non-equity incentive plan compensation, value realized on exercise of stock options and vesting of stock awards, and all other compensation as last reported to the U.S. Securities and Exchange Commission as of April 13, 2017, unless otherwise noted.
¹2011 compensation, Fortune.
²2013 compensation, SEIU-UHW.

Costs that make medical care unfair

Too many Americans are struggling to meet their health insurance premiums, whether they are buying plans as individuals or business owners. Those costs don't go toward quality patient care, but keeping the current medical illness system in place.

End fraud

Patients and non-medical professionals should be — but are unable to — trust the companies who manufacture and market the medications they need. Large pharmaceutical companies that feed off the current for-profit medical care system have been fined enormous amounts to resolve investigations and allegations of illegal activity:

- **GlaxoSmithKline: \$3 billion**
Unlawful promotion of misbranded drugs, failure to report safety problems
- **Johnson & Johnson: \$2.2 billion**
Promotion of unapproved drug uses, kickback payments to physicians and pharmacists
- **Abbott Laboratories: \$1.5 billion**
Unlawful promotion, branding without FDA approval
- **Ranbaxy USA: \$500 million**
Manufacture/distribution of drugs below standards, false statements to the FDA
- **Wyeth Pharmaceuticals: \$490.9 million**
Unlawful marketing/promotion of unapproved drug use
- **DaVita Healthcare Partners: \$350 million**
Illegal kickbacks to physicians for patient referrals
- **Omnicare: \$124 million**
Improper financial incentives to nursing homes for use of products
- **Shire Pharmaceuticals: \$56.5 million**
Unsupported marketing/promotion of drug use and efficacy, false and misleading statements

Source: The United States Department of Justice

End political corruption

Contributions from the medical care industry keep **elected officials** in place who will protect the current industry's interests.

- **Jerry Brown**, Gov. of California
Received \$2,743,307 in contributions
Publicly skeptical of single-payer system.
- **Anthony Rendon**, California State Assembly Speaker
Received \$434,089 in contributions
Shelved single-payer health care legislation SB 562 and prevented it from moving to Assembly for a vote.
- **Jim Wood, DDS**, California AD 2
Received \$314,943 in contributions
Co-chair of California Assembly Select Committee on Health Care, prevented SB 562 from moving to a vote.
- **Joaquin Arambula, MD**, California AD 31
Received \$134,100 in contributions
Co-chair of California Assembly Select Committee on Health Care, prevented SB 562 from moving to a vote.

Source: Followthemoney.org

A HEALTHIER CALIFORNIA

AN INTERVIEW WITH
MICHAEL LIGHTY
Director of public policy, California Nurses
Association/ National Nurses United

SINGLE PAYER MEANS NEW FREEDOMS FOR WORKERS, EMPLOYERS AND THE STATE ECONOMY — IT'S ALSO THE DIFFERENCE BETWEEN LIFE AND INTOLERABLE FEAR, SUFFERING AND DEATH

Many myths surround single-payer universal health care. The real bottom line is that it saves California businesses and workers billions of dollars, and ends the fragmentation and complexity of the current health care system. It is also the only reform that contains costs and guarantees health care for all. Critics cite obstacles such as “federal waivers,” but these are false concerns. **States have the authority and ability to improve coverage and contain health care costs under existing federal legislation**, such as Section 1332 of the Affordable Care Act and Section 1115 of the Social Security Act. A single-payer system, like SB 562, is especially beneficial to seniors — it doesn't end Medicare, but expands and improves it by ending all copays and the need for extra policies to cover the gaps. It mimics the benefits of Medicare Advantage plans, but without narrow networks and incomplete prescription coverage. Under single payer, patients can go to their provider of choice for unhindered care.

Politicians' reluctance to enact a single-payer universal health care system is nothing short of conflict of interest. That's why physicians and medical professionals are joining together to dispel misinformation of trumped up tax increases and legal roadblocks to promote the benefits and massive savings under SB 562 — so California can lead the way in establishing a health care model that works fairly and individually for everyone.

“California will be the best proving ground,” said Michael Lighty, director of public policy for the California Nurses Association/National Nurses United. “As the sixth biggest economy in the world, and with 40 million people, it's a good model for the country. But we need to get moving.”

This means passing a piece of legislation to turn single-payer universal health care into law, abolishing the current system. One example is SB 562, or the Healthy California Act, which was stopped from proceeding into the California State Assembly in June 2017 — due, in part, to lobbying efforts by the health insurance billionaires and the privatized industry.

A single-payer universal system will do more than provide health care coverage to everyone in the state, it will also provide a huge boost to the economy. Both immediately and long-term.

“Eighty percent of businesses would be exempt from costs and pay nothing for health care, which is currently as much as 22 percent of their payroll,” Lighty explained. “Freeing up that money could get us to \$15/hour in wages and fully funded pension plans.”

More money in everyone's pockets also has a ripple effect. Less money spent on premiums, copays and out-of-pocket costs

means the public has more dollars to spend on local businesses and revenue streams.

“Every \$1,000 in increased income creates \$1,530 in economic activity,” Lighty said. “And we know low-income workers currently use a disproportionate amount of their income for health care costs.”

Perhaps even more important, employers can get out of the health care business. No longer will businesses be burdened with comparing policies, reading fine print or sacrificing coverage benefits for cost savings.

Lighty upheld that a single-payer universal system frees both employers and employees from making professional decisions that revolve around health care — stimulating California's economy even further. For instance, **Californians will be free to start their own businesses and create jobs without fear of losing their own health care coverage or bankrupting their new business with health care costs.** Older employees will be able to retire when they are ready and still keep their health care coverage, opening up full-time positions in the workforce for younger generations.

“It would end ‘job-lock,’” he said, “which is the fear of losing your coverage by changing jobs.”

A single-payer universal health care system will also focus on preventive care, not profit margins like our current system. Keeping workers healthy and productive instead of missing work — which costs California an estimated \$1,700 a person, up to \$28 billion a year, according to Lighty.

Even the most conservative estimates predict the state itself will save \$37 billion annually by adopting a single-payer system. This will save California money while providing every resident with comprehensive coverage free from deductibles, copays and premiums.

“With single payer, we'd go from spending \$368 billion to \$331 billion on health care,” said Lighty.

LEARN MORE:

Read full financial study on paying for single payer:
Ba4hcal.org/sb562-fiscal-analysis/
The University of Massachusetts Amherst Pollin Report

For the latest news and resources:
HealthyCA.org
Campaign for a Healthy California

THE TIME FOR SINGLE PAYER IS NOW

HEALTH CARE FOR ALL IS WITHIN OUR REACH, BUT DOCTORS AND HEALTH PROFESSIONALS MUST LEAD THE CHANGE WITH COURAGE, CONVICTION AND INTEGRITY!

JOIN PNHP

Advocates of health care reform since 1987, Physicians for a National Health Program (PNHP) contributes to the health care debate and educates public influencers on the benefits of a single-payer system. As a member, you will join 40 chapters and over 22,500 members who have access to leadership training, national office support, physician members in your community and groundbreaking materials.

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Regular membership: **\$180/year**

Supporting member: **\$250/year**

Sustaining member: **\$1,000/year**

OUR OATH AND PURPOSE CALLS US TO ACT!



Demand legislators release SB 562 for hearings and amendments

Be a needed voice in the fight for single payer

Volunteer at Sacramento's free clinics

Organize CME credit topics on system change

Challenge unaffordable medical education costs and advocate for debt forgiveness

Openly educate colleagues, coworkers and patients

Read "Dark Money" by Jane Mayer

Plan the ideal specialty practices and outcomes needed for single payer

Share stories from the heart of your practice

Stand for honest costs against fraud

Join us at **PNHP.org**

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Funded by PNHP members and supporters

Supporters of single-payer universal health care

This is a partial list of supporters in favor of SB 562, pending needed amendments to the legislation — full roster totals over 600 endorsers.

HEALTH CARE

American Association of Community Psychiatrists
Breast Cancer Action
Butte County Health Care Coalition
California Foundation of Independent Living Centers
California Health Professional Student Alliance
California Physicians Alliance
California Public Health Association
Community Health Councils
Health Access California
Healthy California Campaign Coalitions
Health Care For All — California Sacramento Valley and 15 other chapters
Independent Living Resource Center of San Francisco
Latino Coalition for a Healthy California
National Association of Social Workers
Physicians for a National Health Program
Students for a National Health Program

BUSINESS

Business Alliance for a Healthy California
California Stage
Capital Stage
Credo
Dr. Bonner's
Give Something Back Workplace Solutions
Language World Services
Mansour's Oriental Rug Gallery
Patagonia
Tower Cafe

LABOR

AFSCME Retirees Chapter 36
Asian Pacific American Labor Alliance
California Domestic Workers Coalition
California Federation of Teachers
California Nurses Association
California Teachers Association
California School Employees Association
Contra Costa County Central Labor Council
ILWU Southern California District Council
Labor United for Universal Healthcare
Musicians Union Local 47 and 6
National Nurses United
National Union of Healthcare Workers
San Francisco Labor Council
SEIU California
UE Western Region Council
Union of American Physicians and Dentists
United Steelworkers Local 2801 and 675

FAITH

California Council of Churches
Clergy and Laity United for Economic Justice
Friends Committee on Legislation of California
Multi-Faith Action Council
PICO California
Social Justice Alliance, Interfaith Council of Contra Costa County
Temple Beth El Riverside
Unitarian Universalist Justice Ministry of California

COMMUNITY

Bay Rising
Black Women for Wellness
California Alliance for Retired Americans
California Care Planning Council
California Latinas for Reproductive Justice
California National Organization for Women
California OneCare
California Youth Empowerment Network
Central Valley Indivisible
Chinese Progressive Association
CODEPINK
Consumer Federation of California
The Democracy Project
Elder Care Providers' Coalition
Gray Panthers
The Impact Foundry
Korean Community Center of the East Bay
Legal Services for Children
MLK Coalition of Greater Los Angeles
North Bay Jobs with Justice
Pilipino Workers Center
Santa Cruz Indivisible
Senior and Disability Action
Social and Economic Justice Coalition
Western Center on Law and Poverty
Women's Center on Law and Poverty
Women's Economic Agenda Project
Yolo Move-On

POLITICAL

Democratic Action Club of Chico
Democratic Party of Contra Costa County
Democratic Party of Orange County
Democratic Party of the San Fernando Valley
East Bay Democratic Socialists of America
El Dorado County Democratic Party
Green Party of Alameda County
Green Party San Francisco
Green Party of Santa Clara County
Harvey Milk LGBT Democratic Club
Humboldt County Democratic Central Committee
Los Angeles Democratic Socialists of America
Nevada County Democratic Women's Club
Our Revolution
Peace and Freedom Party
San Francisco Democratic Socialists of America
Silicon Valley Democratic Socialists of America
United Democrats of El Dorado County
Wellstone Democratic Club
Yolo County Democratic Club

GOVERNMENT

California Department of Insurance
City and County of San Francisco
City of Berkeley
City of El Cerrito
City of Emeryville
City of Los Angeles
City of Oakland
City of Richmond
City of West Hollywood
County of Marin Board of Supervisors
Santa Cruz City Council
West Contra Costa Unified School District Board of Education